

**GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA**

UNSTARRED QUESTION NO:1483

ANSWERED ON:04.03.2016

Janani Suraksha Yojana

Bohara Shri Ramcharan;Kesineeni Shri Srinivas;Mohan Shri P. C.

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) the number of beneficiaries under the Janani Suraksha Yojana (JSY) in the country, State/UT-wise;
- (b) the details of the services provided under the JSY along with the cost of services per beneficiary under the JSY;
- (c) the mechanism put in place by the Government to ensure that the quality of services under the JSY is maintained;
- (d) whether there has been an increase in the number of institutional deliveries after the launch of Janani Suraksha Yojana; and
- (e) whether any study has been conducted by the Government to show the positive impact of JSY on maternal health and child health, if so, the details thereof along with the steps taken/ being taken by the Government to strengthen the JSY?

Answer

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE

(SHRI JAGAT PRAKASH NADDA)

(a): The number of beneficiaries reported under the Janani Suraksha Yojana (JSY) in the country, State/UT-wise and year-wise is at Annexure.

(b): The Janani Suraksha Yojana provides conditional cash assistance to eligible pregnant women for giving birth in government or accredited private health facility. In Low Performing States (LPS) i.e. the states of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam, Rajasthan, Odisha, and Jammu & Kashmir, all pregnant women regardless of any age and any number of children are entitled for JSY benefit for institutional delivery. However, in the remaining High Performing States/UTs (HPS), pregnant women only from BPL, SC & ST households of any age and any number of children are entitled for JSY benefit for

Contdâ€¦..

-2-

institutional delivery. The scheme also provides performance based incentives to Accredited Social Health Activists (ASHAs) for promoting institutional delivery among pregnant women.

BPL pregnant women, who prefer to deliver at home, are also entitled to a cash assistance of Rs 500 per delivery regardless of the age of pregnant and any number of children.

Scale of Cash Assistance under JSY

Cash entitlement for different categories of mothers is as follows:

Category

of State/UT Rural area Urban area

Mother's

incentive ASHA's package* Mother's incentive ASHA's package**

Institutional Delivery

LPS Rs.1400 Rs. 600 Rs.1000 Rs. 400

HPS Rs. 700 Rs. 600 Rs. 600 Rs. 400

Home Delivery

LPS Rs.500 Nil Rs.500 Nil

HPS Rs.500 Nil Rs.500 Nil

*ASHA package of Rs. 600 in rural areas include Rs. 300 for ANC component and Rs. 300 for accompanying the pregnant woman in public health facility for institutional delivery.

**ASHA package of Rs. 400 in urban areas include Rs. 200 for ANC component and Rs. 200 for accompanying the pregnant woman in public health facility for institutional delivery.

In Low Performing States, the cost of JSY services for institutional delivery is Rs. 2000 per beneficiary in rural areas and Rs. 1400 per beneficiary in urban areas if the delivery is facilitated by ASHA.

In High Performing States, the cost of JSY services for institutional delivery is Rs. 1300 per beneficiary in rural areas and Rs. 1000 per beneficiary in urban areas, if the delivery is facilitated by ASHA.

The cost of JSY services for home delivery is Rs. 500 per beneficiary in rural as well as in urban areas of both the Low Performing and High Performing States.

Contdâ€¦â€¦â€¦

-3-

(c): Following steps have been taken by the Government to maintain the quality of services under the JSY:

- 1) Capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- 2) Capacity buildings of Staff Nurses & Auxiliary & Nursing Midwives (ANMs) in Skilled Birth Attendant (SBA) and DAKSHATA programme to equip them for managing normal deliveries, identify complications, do basic management and then refer at the earliest to higher facilities.
- 3) Establishing Maternal and Child Health (MCH) Wings at high caseload facilities to improve the quality of care provided to mothers and children
- 4) Setting up of Skill Labs to strengthen the quality of training for different training programs;
 - a) Promotion of use of printed protocols for skilled birth attendance, quality assurance guidelines and checklists for different level of facilities.
 - b) Infection Management and Environment Protection (IMEP) guidelines for biomedical waste management in public health facilities.
- c) Kayakalp awards have been instituted to promote cleanliness and hygiene in public health facilities.
- d) Maternal Death Review (MDR) is being implemented across all the states to identify the gaps and suggest programmatic changes.

(d): Yes, after the launch of Janani Suraksha Yojana, the number of institutional deliveries have increased from 47% (District Level Household Survey-III, 2007-08) to 74.4% (Sample Registration System-2013).

(e): The Ministry of Health and Family Welfare had commissioned an independent evaluation of the Janani Suraksha Yojana (JSY) by an expert group led by National Health Systems Resource Centre (NHSRC) in the eight high-focus states of Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand, which together account for 84.3% and 66% of India's maternal mortality and infant mortality respectively.

The findings of the evaluation show that JSY has undoubtedly increased the number of institutional deliveries and enabled poor women to access public health facilities. The study further noted that with the JSY a beginning to address maternal mortality has been made.

The above findings of the NHSRC study are also reflected in the following:

â€¢ Increase in institutional deliveries which have gone up from 47% (District Level Household Survey-III, 2007-08) to 78.7% (RSOC,2013-14);

â€¢ Maternal Mortality Ratio (MMR), declined from 254 maternal deaths per 1,00,000 live births in 2004-06 to 167 maternal deaths per 1,00,000 live births during 2011-13;

â€¢ Infant Mortality Rate (IMR), has declined from 58 per 1000 live births in 2005 to 40 per 1000 live births in 2013;

Contdâ€¦â€¦â€¦

-4-

â€¢ The Neo-Natal Mortality Rate (NMR) has declined from 37 per 1000 live births in 2006 to 28 per 1000 live births in 2013.

The steps taken/being taken by the Government to strengthen the delivery care services under JSY are as under:

- 1) Exclusion criteria of age of mother as 19 years or above and upto two children only for home and institutional deliveries under the JSY have been removed and now eligible mothers are entitled to JSY benefit regardless of any age and any number of children.
- 2) States are encouraged to accredit private health facilities for increasing the choice of delivery care institutions;
- 3) Hiring of specialists to conduct C-section and management of obstetric complications on market rates in public health facilities wherein government specialists are not in place.
- 4) Difficult area/hardship allowance to hire/retain services of specialists/ medical officer/staff nurses etc.
- 5) User fees for mothers and newborns have been completely waived off and under the Janani Shishu Suraksha Karyakram, pregnant women and newborns accessing public health are entitled for free drugs, free diagnostics, free referral transport and free diet.
- 6) Operationalization of sub-centres, Primary Health Centres, Community Health Centres and District Hospitals for providing 24x7 basic and comprehensive obstetric care services.
- 7) Capacity building of MBBS doctors in Anesthesia (LSAS) and Obstetric Care including C-section (EmOC) skills to overcome the shortage of specialists in these disciplines, particularly in rural areas.
- 8) Capacity buildings of Staff Nurses & Auxiliary & Nursing Midwives (ANMs) in Skilled Birth Attendant (SBA) and DAKSHATA programme to equip them for managing normal deliveries, identify complications, do basic management and then refer at the earliest to higher facilities.
- 9) Setting up of Skill Labs to strengthen the quality of training for different training programs;
- 10) Funds for infrastructure strengthening such as establishing Maternal and Child Health (MCH) Wings at high caseload facilities to

improve the quality of care provided to mothers and children and Human Resources as per states' requirement through NHM.

â€¦â€¦â€¦â€¦â€¦.